## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application of Docket Number 10/538554

| _  |  |   |  |                                |              |                               |    | <u> </u>            |                        |    |                     |                        |
|--|--|---|--|--------------------------------|--------------|-------------------------------|----|---------------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I   |  |   |  |                                |              |                               |    | SMALL ENT           |                        | OR | OTHER<br>SMALL E    |                        |
|  |  | TAGE FEED                                 | (Column 1)                                 |                                | (            | Column 2)                     | 7  | 24.75               | <u> </u>               |    | r                   |                        |
| 0.8  | , NATIONAL S                                   | STAGE FEES                                | ·  |                                |              |                               | 4  | RATE                | FEE                    | ·  | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT                                  |                                | LARG         | E ENT. = \$ 300               | 1  | BASIC FEE           |                        | OR | BASIC FEE           | 308                    |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$50              | /\$ 100                        |              | her situations = 100 / \$ 200 |    | EXAM. FEE           |                        |    | EXAM. FEE           | 200                    |
| SEARCH FEE .   |  |   | U.S. is ISA = \$ ALL other cos \$ 200 / \$ | untries =                      |              | her situations = 250 / \$ 500 |    | SEARCH FEE          |                        |    | SEARCH FEE          | 480                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min  | us 100 =                       |              | / 50 <b>=</b>                 |    | X \$ 125 =          |                        |    | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | ुद्ध <sup>mi</sup>                         | nus 20 =                       | • 19         |                               |    | X \$ 25 =           |                        | OR | X \$ 50 =           | 690                    |
| INDEPENDENT CLAIMS   |  |   | ) n  | ninus 3 =                      | •            | ***                           |    | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT .                                    |                                | •            |                               |    | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero                             | o, enter "(                    | )" in co     | lumn 2                        |    | TOTAL               |                        | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |  |                                |              |                               |    | SMALL E             | NTITY                  | OR | OTHER<br>SMALL E    |                        |
| AMENDMENT A  | 4/13/5   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA              |    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE .              | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 31                                      | Minus                                      | ** 3                           | し            | <b>-</b>                      |    | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
|  | Independent                                    | • ( .                                     | Minus                                      | *** /                          |              | • 6                           |    | X \$ 100 =          |                        | OR | X \$ 200 =          | X                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |              |                               | 1. | + \$ 180 =          |                        | OR | + \$ 360 =          |                        |
| •  |  |   | *****                                      |                                | •            |                               |    | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |  |                                |              |                               |    |                     |                        |    |                     |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA              |    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus .                                    | **                             |              | ż                             |    | X \$ 25 =           |                        | OR | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus                                      | ***                            |              | =                             |    | X \$ 100 =          |                        | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |              |                               |    | + \$ 180 =          |                        | OR | + \$ 360 =          | ,                      |
| · .  |  |   |  |                                |              |                               |    | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                |              |                               |    |                     |                        |    |                     |                        |